REQUEST FOR DANTES TEST REPORTING				Use this page for requesting Official Reports of Educational Achievement or for requesting Reports of USAFI Testing only. Use page 2 for requests for Duplicate Reports of DANTES Testing for counseling.									
TO:				FROM: (Include ZIP Code)						DANTES ID NO.			
DANTES CONTRACT REPRESENTATIVE (Transcripts) Educational Testing Service P.O. Box 2879 Princeton, NJ 08541													
NAME (Last, First, Middle Initial)			·			So	cial	Security	/ Accour	nt Nu	mber		
							-		-				
Present Service Number*	Present Brand	ch of Service	Previou	Previous Service Number*			F	Previous Service	s Branch Number	of S	ervice	(For Each	
Grade, Rate, or Rank		Date of Birth (Month an	d Year)	Discharged Discharge)				d Military Personnel (Give Date of					
*NOTE: If any d	lates of testing were	before 1968, DANTES	must hav	e your prese	nt and p	previous	Milita	ary Sen	vice Nun	nber(s	s)		
Tests To Be Reported		Date Test T	aken	_		_							
		Month	Year			P	lace	Test T	aken				
Reports To Be Sent To (If other to	than requester) (Inclu												
Date Signed Signed	griature and Grade C	or Requester											
Privacy Act Statement  (1) Authority: 5. U.S.C. 301 and EO 9397, 22 Nov 43  (2) Principal Purpose: To authorize the appropriate DANTES Contract Representative to access its test results files and retrieve and reproduce test result(s) for forwarding to the individual or other addressee(s) designated through use of this form.  (3) Routine Uses: Used upon the initiative of the individual or his duly authorized representative to obtain and transmit test result(s) of testing activity on file with the DANTES Contract Representative.  (4) Mandatory or voluntary disclosure and effect on individual not providing information: Disclosure is voluntary but failure to provide information requested will make access to the file impossible and prevent the desired information from being retrieved.  Date Signed  Signature of Individual For Whom Test Reports Are Requested						ed ed	FOR DA	ANTES (	JSE				

DD Form 1571 Previous editions are obsolete.

## REQUEST FOR DANTES TEST REPORTING

Use this page only for requests for Duplicate Report of DANTES Testing when reports are being requested for counseling purposes. Duplicate Reports of DANTES Testing are those defined as requested for use by the DANTES Test Control Officer. DO NOT use this page for requesting official reports to be sent to state departments of education, colleges, high schools, or employers.

TO:			FROM: (Include ZIP Code)								
			Commercial Phone Number								
	0.110.11	Present And All Previous Service Numbers	Branch Of	Date Of Birth Test			Date Tes		ber		
Name (Last, First, Middle Initial)	itial) Social Security Account Number		Service (For Each Service No.)	Mo.	Yr.	Test To Be Reported	Taken Mo. Yr.		Place Test Taken		
			Service IVO.)								
Date Signed Signat	ture And Grade Of Requester			Commo	arcial Dho	nne Number					
Date Signed	Olynature And Glade Of Nequester				Commercial Phone Number						